



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000004

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G.L.V. INC.

DOING BUSINESS A NELLO'S CAFE

ADDRESS LEDGEMERE FARMS PLZ.

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: FERRETTI, NELLO TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR NO BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000006

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASHLAND FISH & GAME CLUB INC., THE

DOING BUSINESS A

ADDRESS 3 PONDEROSA ROAD

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: BUCHAN, BRUCE TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS AND CELLAR, 1ST FLR BAR, STORAGE ROOM. FURNACE ROOM AND
PASSAGEWAY. FRONT AND SIDE EXITS. 2ND FLOOR BANQUET ROOM KITCHEN,
RESTROOMS, COATROOM, CELLAR, INDOOR RIFLE RANGE, OBSERVATION ROOM, OFFICE
AND LIQUOR STORAGE.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000008

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASHLAND MEMORIAL ASSOC.INC.V.F.W.#2331

DOING BUSINESS A VFW POST 2331

ADDRESS 311 PLEASANT ST

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: OTTEN, FRED

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS,2 ROOMS, BASEMENT USED AS BAR AND LOUNGE 2ND FLR;3 ROOMS,
KITCHEN, HALL, LOUNGE. LAVATORIES IN BASEMENT AND 1ST FLOOR. UPPER FLOOR,2
ROOMS MEETING HALL AND OFFICE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000009

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURNAM'S 1742 MANOR INC.

DOING BUSINESS A

ADDRESS 366 PLEASANT ST

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: GIARGIARI,
DANIEL M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOODEN BUILDING; 1ST FLOOR RESTAURANT, 4 DINING ROOMS AND KITCHEN. STRUCTURE CONTAINING 14 ROOMS. CELLAR FOR STORAGE 80X80 SQFT. OUTSIDE FUNCTION AREA, WITH PATIO CONNECTING TO LOUNGE ON FIRST FLOOR.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000011

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FUSION RESTAURANT INC.

DOING BUSINESS AS FUSION RESTAURANT

ADDRESS 12 POND ST.

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: CHENG, KIN DIEP TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG-1ST FLOOR, 2 ROOMS AND KITCHEN. BASE- MENT FOR STORAGE OF STOCK. 3 FRONT ENTRANCES AND EXITS. 4 REAR EXITS AND ENTRANCES

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000015

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMES O. CAREY ASSOCIATION, INC A.L.#77

DOING BUSINESS AS JAMES O. CAREY AMERICAN LEGION

ADDRESS 40 SUMMER ST.

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: HATHAWAY,
HOWARD

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, KITCHEN AND STORAGE ROOM, LIQUOR STORAGE ROOM, ELECTRIC ROOM,
MEMBERS ROOM, BAR, FUNCTION ROOM. ATTIC FOR STORAGE NO BASEMENT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000018

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOPASH INC.

DOING BUSINESS AS T.J. SPIRITS SOUTH

ADDRESS 355 WEST UNION ST.

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: TOMASZ, JOHN A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG, 3 ROOMS, BAR, KITCHEN AND CELLAR FOR STORAGE OF STOCK. 1 FRONT AND 1 SIDE ENTRANCE

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000022

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASHLAND PUBLIC MARKET, INC.

DOING BUSINESS AS MAIN STREET WINE & SPIRITS

ADDRESS 197 MAIN STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: GOLDBERG,
WILLIAM I.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR, 2 ROOMS CELLAR FOR STORAGE, 1 CENTER AND ONE RIGHT ENTRANCE. ONE
CENTER AND ONE RIGHT EXIT, ONE LEFT AND RIGHT REAR EXIT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LICENSE NUMBER: 004000023

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUNNYSIDE LIQUORS, LLC

DOING BUSINESS AS SUNNYSIDE LIQUORS

ADDRESS 7 POND STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: GHIA, KETAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FOUR ROOMS, CELLAR FOR STORAGE, ENTRANCE ON POND ST, EXIT ON WAUSHAKUM AVE

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000024

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: E-Z CONVENIENT FOOD MARKET, INC.

DOING BUSINESS AS

ADDRESS 69 POND STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: TADROS, ONCY

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. IN RETAIL MALL

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000025

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VICESRUS, INC

DOING BUSINESS AS CLOCKTOWN PACKAGE STORE

ADDRESS 68 UNION ST

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: MOORS, DAVID

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF RETAIL AREA, COOLER, OFFICE, COMPUTER ROOM,
RESTROOMS AND TWO EXITS

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000028

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTIKYRA INC

DOING BUSINESS AS NICK'S PIZZA AND SEAFOOD

ADDRESS 87 MAIN STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: PAPACONSTANTI
NOU, LEONORA

TYPE OF LICENSE: Restaurant
CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST. FLOOR-2 ROOMS & KITCHEN

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000029

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHUNG FON, INC.

DOING BUSINESS AS CHERRY BLOSSOM RESTAURANT

ADDRESS 80 UNION STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: HARDEN, WEI-FON AMMIE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST. FLOOR, KITCHEN, MAIN DINING AREA, FUNCTION/ DINING AREA/BAR

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000030

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PATEND INCORPORATED

DOING BUSINESS AS THE MALT SHOP

ADDRESS 315 POND STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: RAWITZ, MARTIN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
S.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR IN RETAIL MALL, ONE FRONT ENTRANCE, ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000032

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LONG ACRE, INC

DOING BUSINESS AS STONE'S PUBLIC HOUSE

ADDRESS 179 MAIN ST

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: BERGERON,GREG TYPE OF LICENSE: Innholder
ORY

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SIXTEEN ROOMS, TWO FLOORS AND CELLAR FOR STORAGE, OUTSIDE PATIO AREA 40 X
30

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000033

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WONG FAMILY, INC

DOING BUSINESS AS SABRINA WONG II

ADDRESS 33 POND ST

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: WONG, BERY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND LEVEL DINING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000037

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIYUSH N. PATEL

DOING BUSINESS AS LUCKY FARMS

ADDRESS 1 WEST UNION STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: PATEL, PIYUSH N. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE WEST UNION STREET: 3,170 SF OF RETAIL SPACE, FIRST FLOOR, WEST END OF BUILDING, MAIN ENTRANCE (DOUBLE DOORS), 2 ADDITIONAL EMERGENCY EXITS FRONT CORNERS OF PREMISES; STORAGE AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000038

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JBMAC Events, LLC

DOING BUSINESS AS The Oregon Club

ADDRESS 117 OREGON RD

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: Scanlon, Christopher TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, FOUR ROOMS AND KITCHEN, CELLAR FOR STORAGE ONLY. ENTRANCE ON
EAST SIDE, THREE EXITS ON EASTERLY AND ONE WESTERLY attached patio

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000039

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLAZA LOUNGE, INC.

DOING BUSINESS AS CORNER PUB

ADDRESS 1 WEST UNION ST

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: SMITH, BRAD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, FIRST FLOOR; TWO ENTRANCES, COOLER, FREEZER, DISHROOM, BAR AND DINING AREA. SECOND FLOOR; ONE ENTRANCE, OFFICE TWO STORAGE AREAS, DINING AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000040

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KRUA KHUN YAH THAI RESTAURANT INC.

DOING BUSINESS AS KRUA KHUN YAH THAI

ADDRESS 325 POND STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: SATAYAHURAKS TYPE OF LICENSE: Restaurant
A, KASEM

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH ONE DINING ROOM, PARTY ROOM, KITCHEN AND STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000041

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AJB,INC.

DOING BUSINESS A AJB BEER & WINE

ADDRESS 378 UNION STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: PETIT,ROBERT

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000042

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASHLAND FISH & GAME CLUB, INC

DOING BUSINESS A

ADDRESS 00003A PONDEROSA RD

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: BUCHAN, BRUCE TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CEMENT BLOCK BLDG, ONE EXIT DOOR, 2 SERVING WINDOWS, 32X63 ROOM, STORAGE
SHELVES, REFRIGERATION COOLERS AND FREEZER, ATTACHED STORAGE SHED FOR
SOFTBALL EQUIPMENT ...ADDING OUTDOOR PATIO...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000044

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Ichiban Steak House, Inc

DOING BUSINESS AS Ichiban Steak House

ADDRESS 380 Union St

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: Zheng, Amy Xinyu

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor consisting of approx 3100 sq ft with one entrance and two exits

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000045

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KARRAS INC.

DOING BUSINESS AS ASHLAND PIZZA PALACE

ADDRESS 74 UNION STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: SOLIMAN, SAMER TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A SMALL PLAZA AT 74 UNION STREET...THERE IS ONE FRONT DOOR AND ONE REAR DOOR...SEATING CAPACITY IS 28...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000046

CITY OR TOWN ASHLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CSMP LLC

DOING BUSINESS AS CHE'S BEER & WINE

ADDRESS 300 ELIOT STREET

CITY/TOWN: ASHLAND

STATE: MA

ZIP CODE: 01721

MANAGER: PATEL, CHETAK

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1235 SQ FT...CONVENIENCE STORE WITH LOTTERY AND SELLING BEER AND WINE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)